## TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) CONCERNING A FILING LINDER 35 U.S.C. 371

ATTORNEY'S DOCKET NUMBER
7378P001
U.S. APPLICATION NO. (If known, see 37 CFR 1.5)

**CONCERNING A FILING UNDER 35 U.S.C. 371** PRIORITY DATE CLAIMED INTERNATIONAL APPLICATION NO. INTERNATIONAL FILING DATE PCT/CN2003/000589 23 July 2003 24 July 2002 TITLE OF INVENTION A HEAVY METAL CHELATE COMPOSITION CONTAINING CHITOSAN DERIVATIVES AND USES THEREOF APPLICANT(S) FOR DO/EO/US Qisheng Ren, et al. Applicant herewith submits to the United States Designated/Elected Office (DO/EO/US) the following items and other information: -1. This is a FIRST submission of items concerning a filing under 35 U.S.C. 371. This is a SECOND or SUBSEQUENT submission of items concerning a filing under 35 U.S.C. 371. This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items(5), (6), (9) and (21) indicated below. 4. The US has been elected (Article 31). 5. A copy of the International Application as filed (35 U.S.C. 371(c)(2)) a. X is attached hereto (required only if not communicated by the International Bureau). b. has been communicated by the International Bureau. c. I is not required, as the application was filed in the United States Receiving Office (RO/US). An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)). a. X is attached hereto. b. has been previously submitted under 35 U.S.C. 154(d)(4)). 7. Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3) a. are attached hereto (required only if not communicated by the International Bureau). b. have been communicated by the International Bureau. c. In have not been made; however, the time limit for making such amendments has NOT expired. d. X have not been made and will not be made. 8. An English language translation of the amendments to the claims under PCT Article 19 (35 U.S.C. 371 (c)(3)). An oath or declaration of the inventor(s) (35 U.S.C. 371(c)(4)). 10. 🔲 An English language translation of the annexes of the International Preliminary Examination Report under PCT Article 36 (35 U.S.C. 371(c)(5)). Items 11 to 20 below concern document(s) or information included: An Information Disclosure Statement under 37 CFR 1.97 and 1.98. An assignment document for recording. A separate cover sheet in compliance with 37 CFR 3.28 and 3.31 is included.

17. A computer-readable form of the sequence listing in accordance with PCT Rule 13ter.2 and 35 U.S.C. 1.821 - 1.825.

19. A second copy of the English language translation of the international application under 35 U.S.C. 154(d)(4)).

FORM PTO-1390 (REV. 12-2004) as modified by BSTZ (wtr),12/17/2004

An Application Data Sheet under 37 CFR 1.76.

A power of attorney and/or change of address letter.

[Express Mail Label No : EV 409406035 US]

A second copy of the published international application under 35 U.S.C. 154(d)(4)).

Copy of International Search Report and translation; return receipt postcard.

A preliminary amendment.

20. Other items or information.

A substitute specification.

| U.S. APPLICATIO                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | LICATION NO. (if known, see 37 CFR 1.5) INTERNATIONAL APPLICATION NO. |     |                   |   |                            | ATTORNEY'S DOCKET NUMBER |                   |              |                 |
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| - 9                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 0/5226                                                                | 31  | PCT/CN2003/000589 |   |                            |                          | 7378P001          |              |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |     |                   |   |                            | <del></del>              | T A               | pplicant Use | Office use only |
| 21. The following fees are submitted:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |     |                   |   |                            |                          |                   | <u> </u>     |                 |
| BASIC NATIONAL FEE (37 CFR 1.492 (a) (1)-(5):  a) Basic national fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |     |                   |   |                            |                          | \$                | 300.00       |                 |
| b) Examination fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                       |     |                   |   |                            |                          | \$                | 200.00       |                 |
| ☑ c) Search fee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                       |     |                   |   |                            |                          | \$                | 500.00       |                 |
| TOTAL OF ABOVE CALCULATIONS = \$1000.00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |     |                   |   |                            |                          | \$                | 1000.00      |                 |
| Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250.00 for each additional 50 sheets of paper or fraction thereof.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |     |                   |   |                            |                          |                   |              |                 |
| Total Sheets                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Extra Sheets                                                          |     |                   |   | 50 or fraction ole number) | RATE                     |                   |              |                 |
| 21 - 100=                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | -79 / 50 =                                                            |     |                   |   |                            | ×                        | \$                |              |                 |
| Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                       |     |                   |   |                            |                          | \$                |              |                 |
| CLAIMS NUMBER FILED NUMBER EXTRA RATE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |     |                   |   |                            |                          | <del> </del>      |              | ·               |
| Total claims 15-20 = 0 x 50                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                       |     |                   |   |                            |                          | \$                | 0.00         |                 |
| Independent                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | claims 1 - 3                                                          | 3 = | 0                 | х | 200                        |                          | \$                | 0.00         |                 |
| MULTIPLE DEPENDENT CLAIM(S) (if applicable) + 360                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |     |                   |   |                            |                          | \$                |              |                 |
| TOTAL OF ABOVE CALCULATIONS =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |     |                   |   |                            |                          | \$                | 1000.00      |                 |
| Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by 1/2.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |     |                   |   |                            |                          | \$                | 1000.00      |                 |
| SUBTOTAL =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |     |                   |   |                            |                          | \$                | 500.00       |                 |
| Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                       |     |                   |   |                            |                          | \$                |              |                 |
| TOTAL NATIONAL FEE =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                       |     |                   |   |                            |                          | \$                | 500.00       |                 |
| Fee for recording the enclosed assignment (37 CFR 1.21(h). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |     |                   |   |                            |                          | +\$               |              |                 |
| TOTAL FEES ENCLOSED =                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                       |     |                   |   |                            |                          | \$                | 500.00       |                 |
| Amount to be refunded:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                       |     |                   |   |                            |                          |                   |              | \$              |
| charged:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                       |     |                   |   |                            |                          |                   |              | \$              |
| a. A check in the amount of \$ 500.00 to cover the above fees is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                       |     |                   |   |                            |                          |                   |              |                 |
| b. Please charge my Deposit Account No. <u>02-2666</u> in the amount of \$ <u>500.00</u> to cover the above fees. A duplicate copy of this sheet is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                       |     |                   |   |                            |                          |                   |              |                 |
| c. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 02-2666. A duplicate copy of this sheet is enclosed.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |     |                   |   |                            |                          |                   |              |                 |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | are to be charged to mation should not                                |     |                   |   |                            |                          |                   |              |                 |
| NOTE: Where an appropriate time limit under 37 CFR 1.494 or 1.495 has not been met, a petition to revive (37 CFR 1.137 (a) or (b) must be filed and granted to restore the application to pending status/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |     |                   |   |                            |                          |                   |              |                 |
| January 21, 2005  DATE  SIGNALUE  SI |                                                                       |     |                   |   |                            |                          | <b>u //</b><br>RE | ·mbl         |                 |
| SEND ALL CORRESPONDENCE TO: Blakely, Sokoloff, Taylor & Zafman LLP Stephe                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                       |     |                   |   |                            |                          | n M. De Klerk     |              |                 |
| 12400 Wilshire Boulevard, 7th Floor                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |     |                   |   |                            |                          |                   |              |                 |
| Los Angeles, CA 90025 Telephone: (408) 720-8300  46,503                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                       |     |                   |   |                            |                          |                   |              |                 |
| releptione. (400) 720-0300 REGISTRA                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                                       |     |                   |   |                            |                          | ATION NUMBER      |              |                 |

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